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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/973,956
		Filing Date	October 11, 2001
		First Named Inventor	Ronald W. MINK, et al.
		Group Art Unit	1723
		Examiner Name	David L. Sorkin
Total Number of Pages in This Submission	5	Attorney Docket Number	030793-052100

<b>ENCLOSURES (check all that apply)</b>					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. PTO Form 1449			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Remarks</td> <td colspan="2"> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.         </td> </tr> </table>			Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey A. Lindeman, Reg. No. 34,658 <b>Nixon Peabody LLP</b> 401 9 <sup>th</sup> Street, N.W., Suite 900 Washington, D.C. 20004-2128
Signature	
Date	March 2, 2006

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Phoebe M. Jones \_\_\_\_\_  
 Signature  
Phoebe M. Jones \_\_\_\_\_  
 Typed or printed name

<b>FEET TRANSMITTAL FOR FY 2005</b> <i>Patent fees are subject to annual revision.</i> <input type="checkbox"/> Applicant claims small entity status. Sec 37 CFR 1.27 <b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$180.00)</b>		Complete If Known																																																																																																																																																
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